

Division of Health Care Facilities

|   |   |   |   |  |
|---|---|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>TN7503</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br><b>08/02/2010</b>      |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MAYFIELD REHABILITATION CENTER</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>200 MAYFIELD DRIVE<br/>SMYRNA, TN 37167</b> |   |  |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETE DATE                                       |
| N 832   | <p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation, it was determined the facility failed to comply with the state building standards.</p> <p>The findings included:</p> <p>Observation of the 200 hall soiled utility room on 8/2/10 at 9:55 AM, revealed a penetration in the wall. Tennessee Department of Health (TDOH). 1200-8-6-.08(2)</p> <p>This finding was acknowledge by the Administrator and verified by the Director of Maintenance at the exit conference on 8/2/10.</p> | N 832   | <p>It is the intent of the facility that the condition of the physical plant and the over-all nursing home environment be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>1. Wall penetration in 200 hall soiled utility room was re-paired.</p> <p>2. Maintenance Supervisor and Assistant conducted a facility-wide audit of the physical plant to determine the safety and compliance with 1200-8-6-.08(2) as it relates to the cited wall penetration.</p> <p>3. Maintenance department, which consists of the Supervisor and the Assistant, will begin a monthly audit of the physical plant to determine any damage and/or penetration of walls/doors, etc. as it pertains to this deficiency. Department Managers are assigned routine compliance rounds during the weekdays and they will include in their compliance rounds, the assessment of the physical plant, to include wall penetration. Department Managers will be in-serviced by the Maintenance</p> | <p>8/3/10</p> <p>8/4/10</p> <p>9/13/10</p> <p>9/8/10</p> |

Division of Health Care Facilities

*Dobbie Hankins*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

7KCN21

TITLE

*Administrator*

(X6) DATE

*8/18/10*

If continuation sheet 1 of 1

AUG 19 2010

Division of Health Care Facilities

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|  | N 832, cont'd  |   | Supervisor and the Administrator<br>for including the monitoring of<br>the physical plant, to include<br>wall penetration.<br>Department Managers consist of:<br>Asst. Director of Nurses, Risk<br>Manager, MDS Nurses (2), Social<br>Workers (2), Restorative Nurse,<br>Activity Director and Assistant,<br>Care Plan Nurse, Staff Develop-<br>ment Nurse, RN, Housekeeping<br>Supervisor, Dietary Manager,<br>Treatment LPN, Maintenance<br>Supervisor, Director of Nurses,<br>Bookkeeper, Rehab Director and<br>Administrator.<br>Findings of the compliance rounds<br>will be submitted to the discipline<br>responsible for correction. the<br>manager is responsible for any<br>corrective action and for the<br>documentation to the original<br>compliance rounds report when<br>resolved. | 9/7/10                   |   |
|  |  |   | Compliance Round findings will be<br>discussed during our weekday 9am<br>Morning Meeting with the Depart-<br>ment Managers.  | 9/8/10                   |   |
|  |  |   | 4. The Maintenance Supervisor will<br>measure the effectiveness of the<br>compliance with keeping the physical<br>plant in good repair through the<br>utilization of the monthly preventive<br>maintenance program. The program  | 9/8/10                   |   |

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Page 1a of 1

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|  | N 832, cont'd  |  | will require a monthly audit throughout the building of the physical plant for compliance.<br>The Maintenance Supervisor will be accountable to report his monthly findings of his audit to the CQI/QA & A Committee.<br>The CQI/QA & A Committee consists of: Director of Nurses, a physician and at least 3 other members of the facility staff.<br>The Maintenance Supervisor is a permanent member of this Committee. Administrator will be responsible to assure that a monthly report will be presented to the CQI/QA & A Committee and will include audit findings and any necessary action plan. Plans will be reviewed by the CQI/QA & A Committee with recommendations as necessary.<br>Administrator will assure that any follow-up will be provided at each CQI/QA & A Committee meeting until such time compliance is achieved and/or the Committee feels the action plan has been successfully completed. | 9/13/10                  |  |  |
|  |  |  |   | 8/26/10                  |  |  |
|  |  |  |   |                          | 8/26/10                                      |  |
|  |  |  |   |                          | 8/26/10                                      |  |

Division of Health Care Facilities

*Debbie Hamkins*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*Administrator*

(X6) DATE

*8/18/10*

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